



State of Washington
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use

Fee Paid 10-

Date 9 April 02

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name: City of SeaTac Home Tel: () -

Mailing Address: 17900 International Blvd. Suite 401 Work Tel: (206) 241-9100

City: SeaTac State: WA Zip+4 98188+4236 FAX: (206) 241-3999

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name Jon Hansen, King County DNRP Home Tel: () -

Mailing Address 201 S. Jackson St, Suite 600 Work Tel: (206) 296-1966

City Seattle State WA Zip+4 98104+3855 FAX: (206) 296-8033

Relationship to Applicant Agent

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 450 (☒ gallons per minute or ☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the purpose(s) of Environmental quality--low-flow augmentation of Des Moines Creek. **ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.)** NOTE: A tax parcel number or a plat number is not sufficient. Attached.

Estimate a maximum annual quantity to be used in acre-feet per year: 200 acre-feet

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From / / to / /

Section 4. WATER SOURCE

If SURFACE WATER						If GROUNDWATER		
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:						A permit is desired for <u>1</u> well(s).		
Number of diversions: <u> </u>								
Source flows into (name of body of water):						Size & depth of well(s): The well will draw water from a confined aquifer located between 190 and 250 feet below the ground surface, via a 12" well casing.		
LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 2,575 feet north and 1,850 feet east of the southwest corner of Section 4, Township 22 North, Range 4 East.								
¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>NE</u>	<u>SW</u>	<u>4</u>	<u>22N</u>	<u>4E</u>	<u>King</u>			
For Ecology Use Date Received: <u>4/9/2002</u> Priority Date: <u> </u>								
SEPA <u>Exempt</u> / Not Exempt FERC License # <u> </u> Dept. Of Health # <u> </u>								
Date Accepted As Complete <u>4/9/2002</u> By <u>DW.</u> Date Returned <u> </u> By <u> </u> WRIA: <u> </u>								

Appl. No.: 61-28131

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: _____
- B. Briefly describe your proposed water system. **(See instructions.)**
The Des Moines Creek Basin Committee, with the City of SeaTac as its lead in this instance, proposes to use groundwater to augment low flows in Des Moines Creek (WRIA # 09.0379, also known as Bow Lake Creek) during the summer dry season for the purpose of improving habitat for fish and other aquatic organisms. Water will be drawn from the well only when instream flows drop below 1 cubic foot per second (cfs.) and only enough water to maintain that 1 cfs. will be drawn (hence, a maximum of 1 cfs). A short open channel with roughness features or other aeration method will be used to increase the dissolved oxygen level in the withdrawn water prior to discharge into Des Moines Creek.
- C. Do you already have any water rights or claims associated with this property or system? ☐ YES ☒ NO
PROVIDE DOCUMENTATION.

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: _____ Type of connection _____
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☐ NO
If yes, explain why you are unable to connect to the system. *Note: Regional water systems are identified by your County Health Department.*

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: _____
- B. List total number of acres for other specified agricultural uses:
- | | |
|-----------|-------------|
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
- C. Total number of acres to be covered by this application: _____
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001)
Add up the acreage in which you have a controlling interest, including only:
‡ Acreage irrigated under water rights acquired after December 8, 1977;
‡ Acreage proposed to be irrigated under this application;
‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 6000 acres? ☐ YES ☐ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO
If yes, enter permit no: _____
- E. Farm uses:
Stockwater - Total # of animals _____ Animal type _____ (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

The well will be located just south of South 200th Street in the City of SeaTac, Washington. Just east of 18th Avenue South is a driveway and small, gravel parking area serving Des Moines Creek Park. The wellhead/pumphouse will be adjacent to the parking area.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)
Attached.

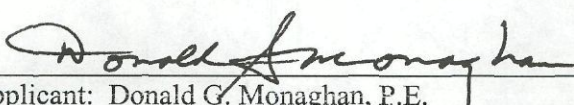
Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? ☒ YES ☐ NO
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

__The property is a portion of Des Moines Creek Park and is owned and maintained by the City of SeaTac Parks and Recreation Department _____

B. Does the applicant own the land on which the water source is located? ☒ YES ☐ NO
If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.


Applicant: Donald G. Monaghan, P.E.

3/21/02
Date

Landowner for place of use (if same as applicant, write "same")

Date

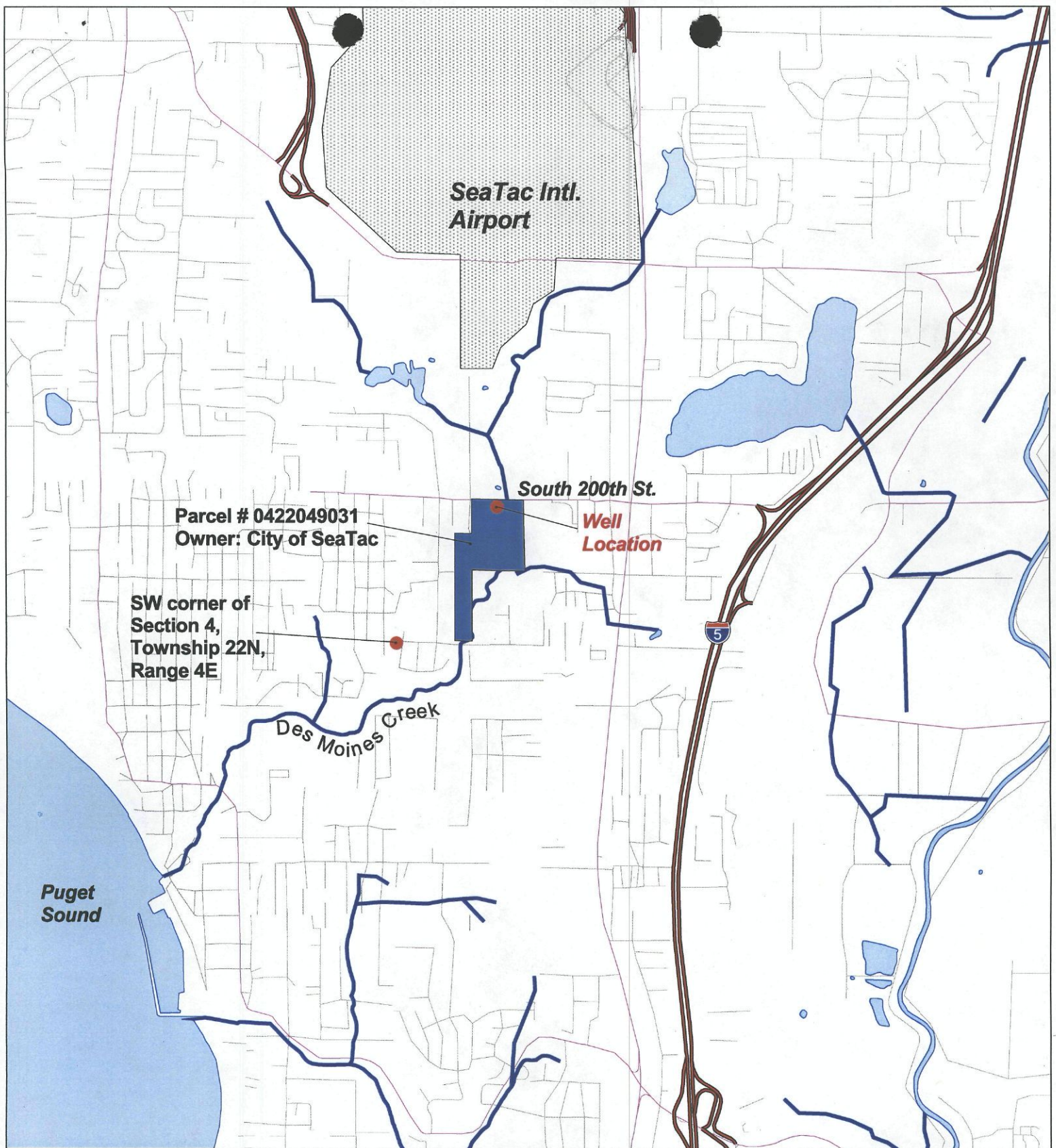
Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ (date).	

Ecology staff _____ Date _____

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).



Proposed Well Location

State of Washington Application for Water Right

Des Moines Creek Restoration Project

Low-Flow Augmentation